

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): <hr/> TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
SHORT FORM ORDER AFTER HEARING	
CASE NUMBER:	

1. **This matter proceeded as follows:** ☐ Uncontested ☐ By stipulation ☐ Contested
- a. Date: _____ Dept.: _____ Judicial officer: _____
- b. ☐ Petitioner/plaintiff present ☐ Attorney present (name): _____
- c. ☐ Respondent/defendant present ☐ Attorney present (name): _____
- d. ☐ Other parent present ☐ Attorney present (name): _____
- e. Attorney for local child support agency present under Family Code sections 17400 and 17406 by (name): _____
- f. ☐ Other (specify): _____
2. **THE COURT FINDS**, based upon the moving papers:
- a. (Name): _____ is the obligor (the parent ordered to pay support) in this proceeding.
- b. ☐ The obligor is _____ and based thereon has no ability to pay support.
- c. ☐ Health insurance coverage at no or reasonable cost is currently not available to the obligor to cover the minor children in this action.
3. **THE COURT ORDERS:**
- a. All orders previously made in this action will remain in full force and effect except as specifically modified below.
- b. ☐ This matter is continued to _____ in Dept.: _____ for the following purposes only:
- c. ☐ Obligor is ordered to appear on the continuance date.
- d. ☐ Current child support is modified to \$ _____ per month beginning (date): _____
- e. ☐ The court retains jurisdiction to order support retroactive to:
- (1) ☐ (Specify date): _____
- (2) ☐ The date the obligor becomes employed or otherwise has the ability to pay support.
- (3) ☐ The date the obligor abandons or separates from the children at issue in this case.
- f. ☐ Any order to liquidate the support arrearage is suspended until further order of this court.
- g. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- h. ☐ The obligor is ordered to obtain health insurance coverage for the children in this action if it becomes available at no or reasonable cost.
- i. ☐ Other (specify): _____
4. Number of pages attached: _____

Date: _____

Approved as conforming to court order:



(SIGNATURE OF ATTORNEY FOR OBLIGOR)

JUDICIAL OFFICER